

Report, and

Office  
Address  
City, State/Province  
Zip/Postal Code

**SELECT REFERENCE FOR/APPLICANT**

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**Dear [REFERENCE]:**

The above named individual has applied for employment with [BUSINESS ENTITY/INDIVIDUAL] under appointment [P.L. 93-502] since he/she obtained a [P.L. 93-502] license under a subsequent order from [STATE]. In order to ensure the appropriate [REQUIREMENTS] and qualifications, the applicant has agreed to accept [CONDITIONS] providing you to provide the information below. It is requested that you give appropriate consideration to this request.

Please verify the information supplied by [APPLICANT] and provide following questions regarding [P.L. 93-502] license application:

- Degree received by [APPLICANT]: [REQUIREMENT]
- Date [APPLICANT] attended [REFERENCE]: [PROVIDE DATES OF ATTENDANCE]
- Is the preceding information correct? \_\_\_\_\_
- Type and level of institution: \_\_\_\_\_
- Is your institution accredited? \_\_\_\_\_
- What type of degree/certificate? \_\_\_\_\_
- How many students/years? \_\_\_\_\_
- Information furnished by: \_\_\_\_\_

Thank you for your cooperation and prompt response.

Sincerely,

[Signature]  
[Printed Name]  
[Professional Title]  
[Organization/Institution Name]

[Printed Name]  
[Printed Title]  
[Printed Address]  
[Printed City, State, Zip]